

GEORGE ENGELMANN  
BOTANICAL NOTEBOOKS

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## BALTIMORE MEDICAL AND SURGICAL SOCIETY,

MEETING OF 22<sup>ND</sup> SEPTEMBER.

## DISCUSSION ON POST PARTUM HEMORRHAGE.

REPORTED BY GEORGE H. ROHÉ, M. D.

Dr. Aug. F. Erich opened the discussion of the appointed subject, *post-partum hemorrhage*, by calling attention to the interest which the subject must always have for the general practitioner. The occurrence of hemorrhage after delivery is frequently so alarming in character that the life of the patient depends upon quick decision and prompt action.

Under post-partum hemorrhage, Dr. Erich includes all hemorrhages occurring after delivery of the child. These may be divided into *a*, hemorrhage occurring with the uterus contracted, and *b*, with the uterus uncontracted.

Dr. Erich said he should devote more time than is usually given to the consideration of hemorrhages occurring when the uterus is contracted. The possibility of dangerous hemorrhage under this condition did not usually occur to the practitioner who considered a contracted uterus a guarantee of the mother's safety. He regarded this as sufficient excuse for dwelling at some length upon the causes of post-partum hemorrhage with contracted uterus.

First of these causes demanding notice is *rupture of the uterus*. This is easy of diagnosis. The finger inside of the uterus and counter-pressure on the abdominal walls from without will readily discover any rent in the uterine tissue. Signs of collapse are also present, such as a pale, anxious expression, fluttering pulse, &c. The treatment consists in the hypodermic injection of fluid extract of ergot. To obtain a rapid effect, and avoid danger from abscess, the ergot should be deeply injected. The speaker has never seen an abscess following a hypodermic injection well performed. A good, reliable preparation of ergot is necessary; Squibb's should always be used if obtainable. The fluid extract answers all purposes. Ergotine is not necessary.

Hemorrhage may also occur from *rupture of the cervix*, the uterus being

well contracted. The rent is easily detected by the finger. A Sims' or Erich's speculum should be introduced and the bleeding vessel seized with forceps and twisted. If this cannot be done, lint or absorbent cotton, rendered styptic by saturating it with Monsel's solution, should be firmly pressed upon the bleeding point and kept in place by a tampon.

*Rupture of the vagina* may also give rise to hemorrhage. This accident not rarely occurs in difficult labors, especially in forceps or version cases. E. has ruptured the vagina in removing a large uterine polypus. The treatment is the same as in the condition last mentioned.

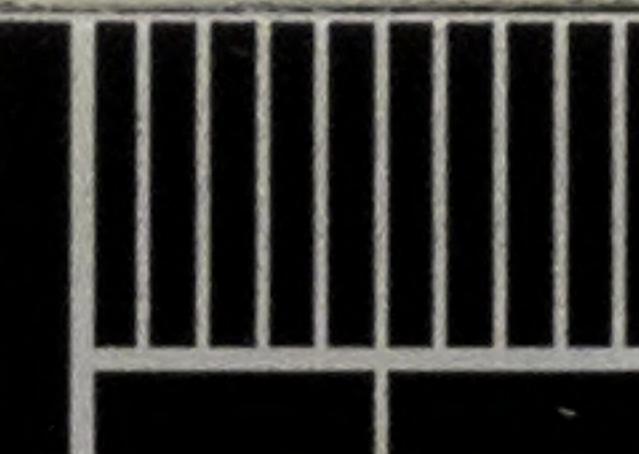
Vessels of considerable size are sometimes torn through in *rupture of the perineum*, and give rise to considerable bleeding. The source of the hemorrhage in these instances is directly under the eye, and the treatment is evident; torsion or ligature of the vessels, or if much oozing be present, packing the rent with styptic lint.

The plexus of vessels composing the *bulbs of the vestibule* may be ruptured during labor and give rise to no inconsiderable hemorrhage. This is easily controlled by pressure and styptics.

*A pudendal hematocoele* may form during the progress of a labor and rupture at its termination. On account of the rich vascular anastomosis in the female pelvis, hemorrhage from this source may be very troublesome. The treatment consists in slitting open the tumor, turning out the blood, packing the cavity with styptic lint and applying pressure from without. This soon arrests the bleeding.

In all of these instances, the actual loss of blood may be small and insignificant under ordinary circumstances; but the patient may be so much weakened from previous hemorrhage, that the loss of even a small quantity would be an element of great danger which should be guarded against by all means in the hands of the practitioner.

*Intra and sub-peritoneal rupture of a uterine vessel* may rapidly cause collapse and death. In the former case, no absolute diagnosis could be made, and even if so, there is no treatment that can be applied, except laparotomy and tying the vessel. Fritsch reports a case in the *Archiv fuer Gynäkologie, Bd. 12*,



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in which death took place from intra-peritoneal hemorrhage consequent upon rupture of a uterine vein. In sub-peritoneal hemorrhage from this cause, a pelvic hematocoele would be formed. No treatment is necessary, unless collapse should call for the employment of stimulants.

The uterus may be contracted to a considerable degree, and yet a vexatious oozing may continue in subjects of the *hemorrhagic diathesis*. Hypodermic injections of ergot may stop the bleeding. If not, mopping the cavity with a styptic, the most effectual being Monsel's solution, is indicated. The clots formed by the iron sometimes undergo decomposition in the uterus and are resorbed, causing septicæmia. This is not likely to occur, however, when the uterus is only mopped out with the sub-sulphate instead of the solution being injected, because the coagula are brought away with the mop. A sponge probang may be saturated with the styptic, carried into the uterus and the whole cavity thoroughly swabbed with it.

In certain, somewhat rare, cases of labor, that portion of the uterus to which the placenta is attached fails to contract, and expel the afterbirth. This condition is due to a fatty degeneration of that portion of the uterine wall, resulting in a paralysis of the muscular tissue. German writers recognize this condition as "*paralysis of the placental site*." Playfair speaks of it as "*encystment of the placenta*." The paralyzed portion of the uterus fits into the rest of the organ like a piece of soft sole leather. The uterine contraction may force the placental site to bulge outward or inward, forming either a tumor or a depression on the external surface of the uterus. If the placenta is let alone, in these cases, there will be no hemorrhage, and it will gradually undergo fatty degeneration and resorption. If, however, it is already partly detached, it should be at once removed, lest it give rise to troublesome hemorrhage or septicæmia. If the placenta is detached and there is hemorrhage from the site of its attachment, Monsel's solution should be applied with a sponge or other mop.

In cases of *divided placenta*, where one or more of the cotyledons remain

behind in the uterus, there may be dangerous hemorrhage. Prof. Wm. T. Lusk has recently reported a fatal case of this kind to the New York Obstetrical Society. The finger introduced into the uterus will readily discover it. The placental fragment should be at once detached, either with the finger nail if that be practicable, or by means of Thomas' vaginal depressor, used as a curette. Properly used, this instrument is perfectly safe, and is certainly most effective for this purpose. In several cases of metrorrhagia of several months standing, from partial retained placenta, E. used it with the happiest effect.

*Submucous and intra-mural fibroids, and peritoneal adhesions* may prevent entire contraction of the uterus, and thus cause persistent, and in some cases dangerous hemorrhage. In these conditions, the consistent application of styptics is the only therapeutic resource.

*Puerperal inversion of the uterus* is a rare accident, but when it occurs death may result from hemorrhage before repossession. When partial, the upper portion of the tumor will be found surrounded by a collar or jacket, which is the cervix. This should be dilated by Thomas' dilator, an instrument somewhat resembling a glove-stretcher, and the uterus restored by steady, firm pressure. In a recent case of complete inversion to which the speaker had been called, the uterus was restored by first dilating the cervix from above, the fingers of the left hand forming a cone, and pressing the abdominal wall down into the narrow cup-shaped depression of the cervix. The vaginal tumor was then grasped with the right hand and one horn of the uterus forced back through the cervix. The other horn was then pushed up in the same manner, completing the reduction. In cases where reduction cannot be accomplished, Monsel's solution should be applied.

B. *Hemorrhage from an uncontracted uterus.* Non-contraction of the uterus causing hemorrhage may be due to *retained placenta*. The patient should be anæsthetized, the hand introduced into the uterus and the placenta detached from above. It can be detached much more readily in this way than from below. Expression of the placenta (Crede's method) may also be tried.



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*Opuntia arborescens* (Mesa south of Tucson Sept 25 1880)  
Trunk 4" thick, very bushy, much branched head, 4' high  
Spines few, bark smooth.



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*Opuntia Cerasiforme*

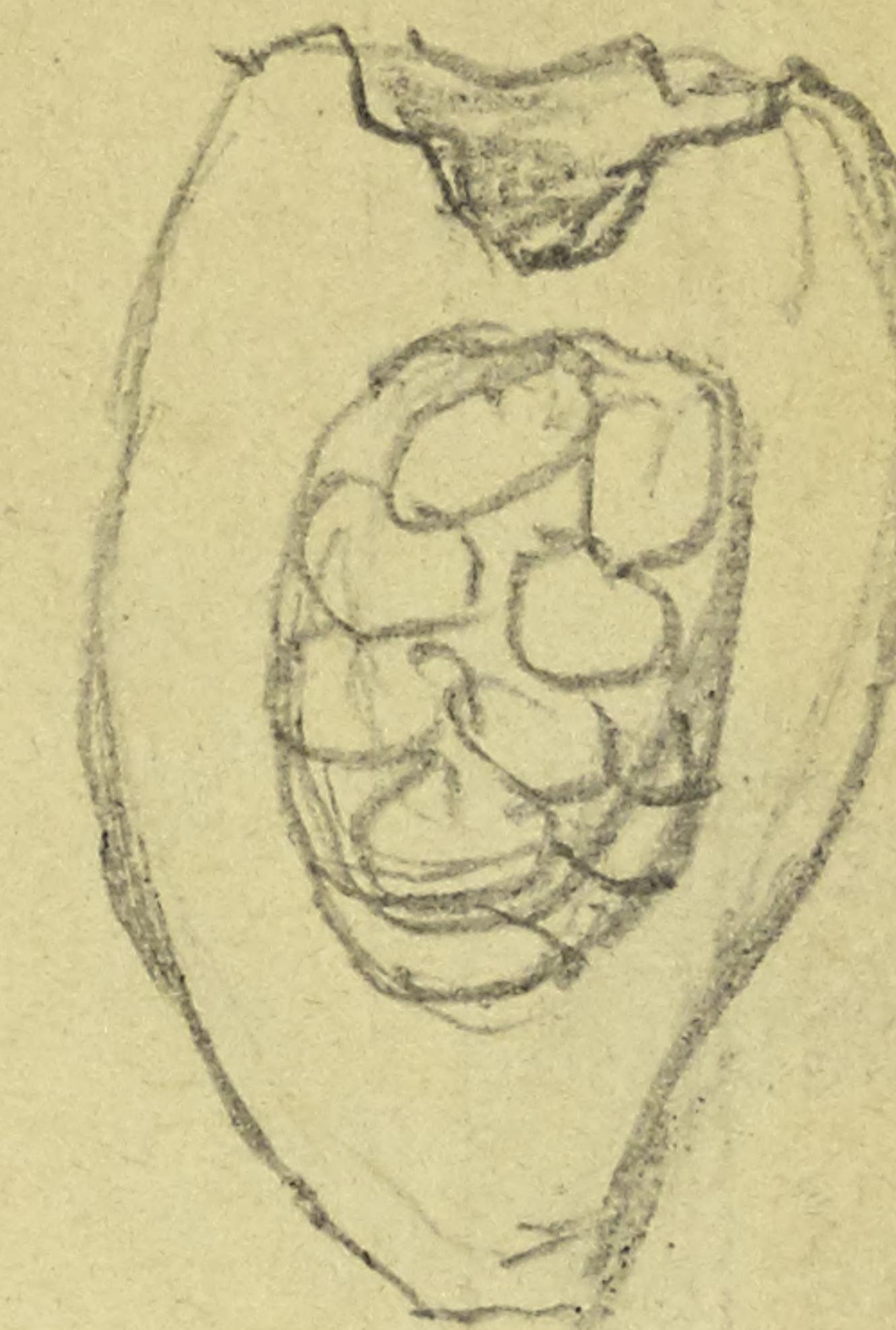
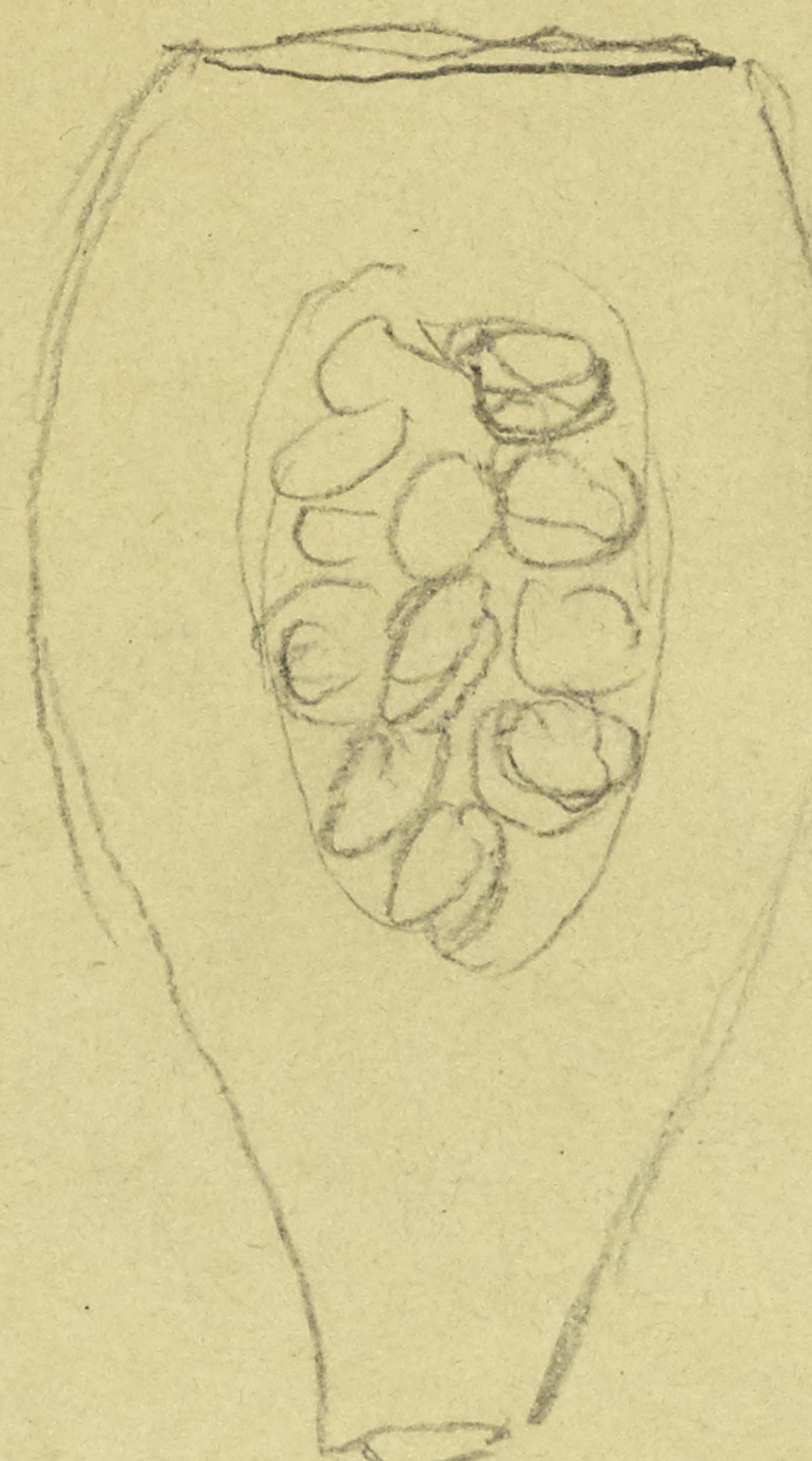
March 28 1881

umbellous mostly flat Arizona March 1881, C. C. Parry

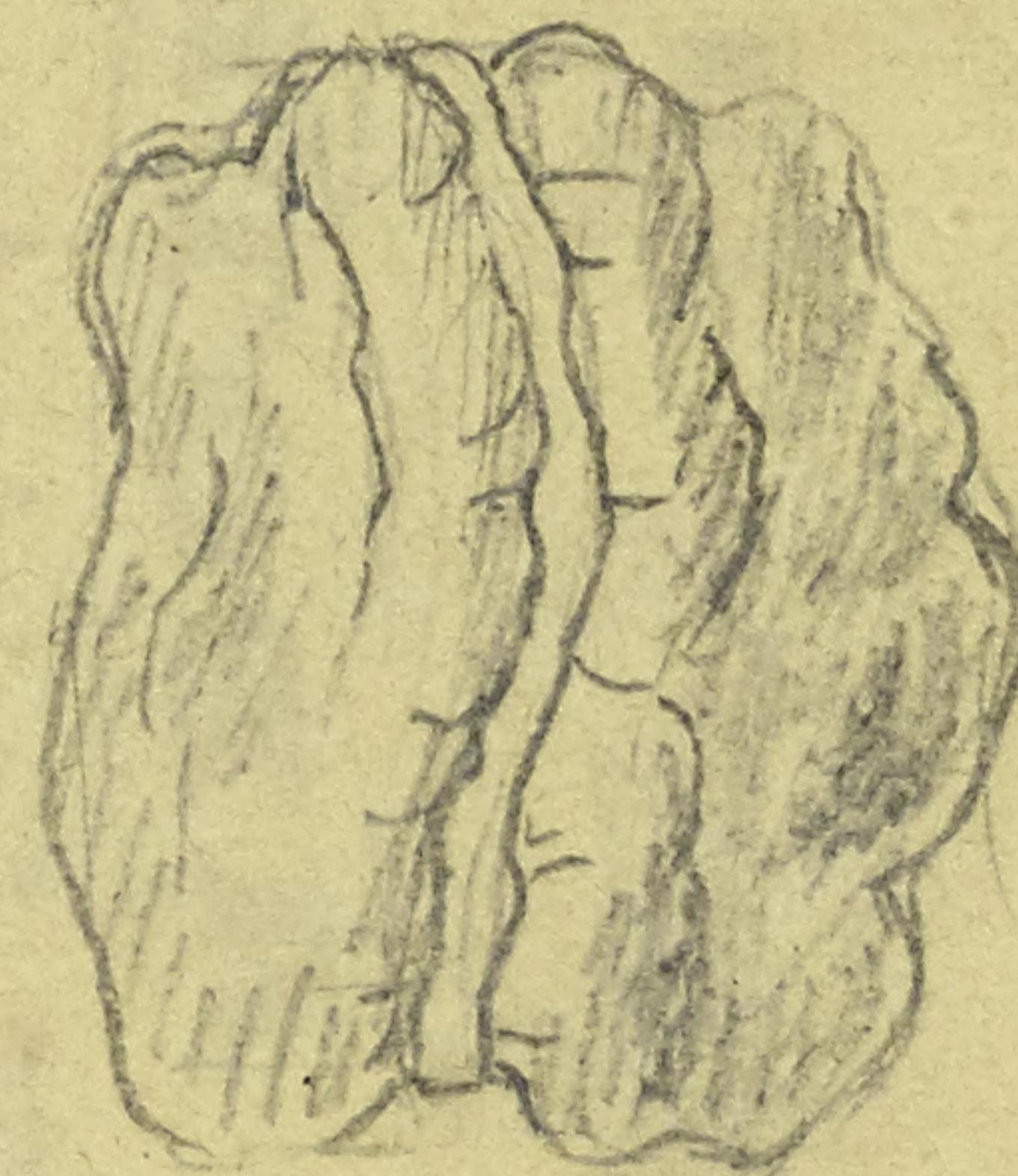


2 areoles on fruit  
5 — on edge with flat

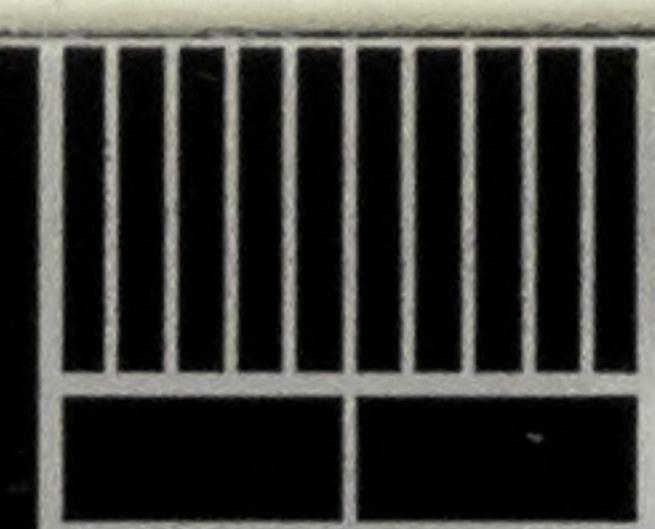
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longest diameter 6-7 mm



seeds x 4 very thick,  
knobby, very irregular,  
commissure rather broad, mostly immersed  
jagged



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Inventory in Botany

APOTHECARY,

No. 2600 Laclede Ave., S. W. Cor. Jefferson Ave.,  
St. Louis, Mo.

No.

Date,

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Geo. Engelmann, M. D.,

No. 3003 Locust Street,

After Measurements &c

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Opuntia arborescens Engel <sup>Arizona</sup> Maricopa March 22<sup>nd</sup> 1881

D. C. Parry

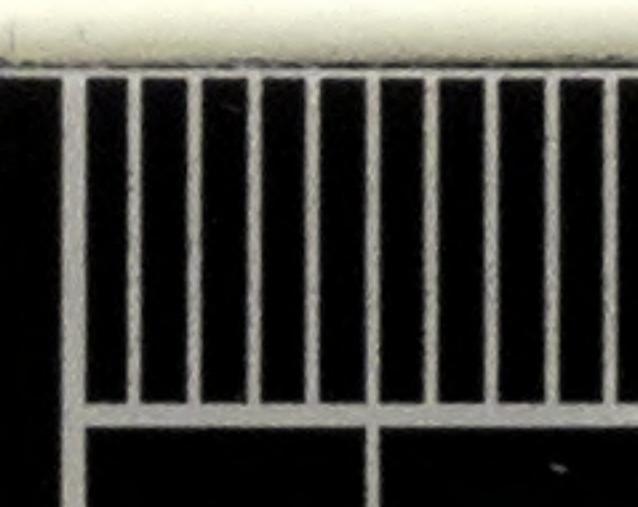
Tree shaped trunk 1 foot 3 inches high

circumference 1 foot 9 inches

bark dark longitudinally furrowed, wood solid

2 main branches shortly dividing into numerous lateral  
lower ones extending nearly horizontal finally forming a round topped  
head, like a dwarf apple tree light green color, mostly smooth  
spread of branches radius of 4 ft. larger branches smooth brown  
or greenish with a thin pelicle peeling off.

Upper young branches divaricately spreading in irregular whorls  
Extreme tips of branches with clusters of fruit occasionally  
proliferous to shrunk at other times plump full of seed  
smooth greenish & yellowish. Whole plant very densely branched  
does not look like a Cactus in the distance



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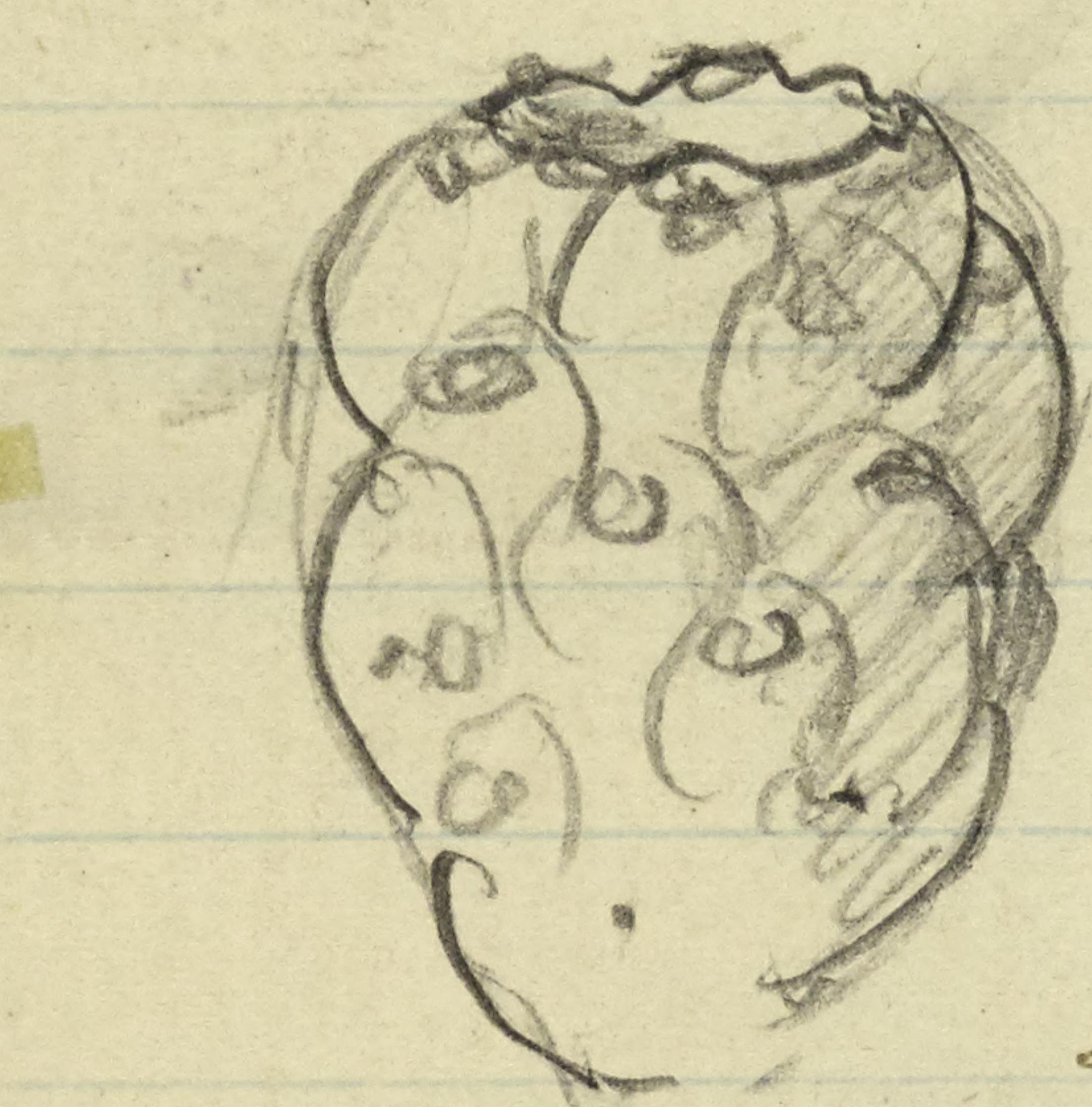
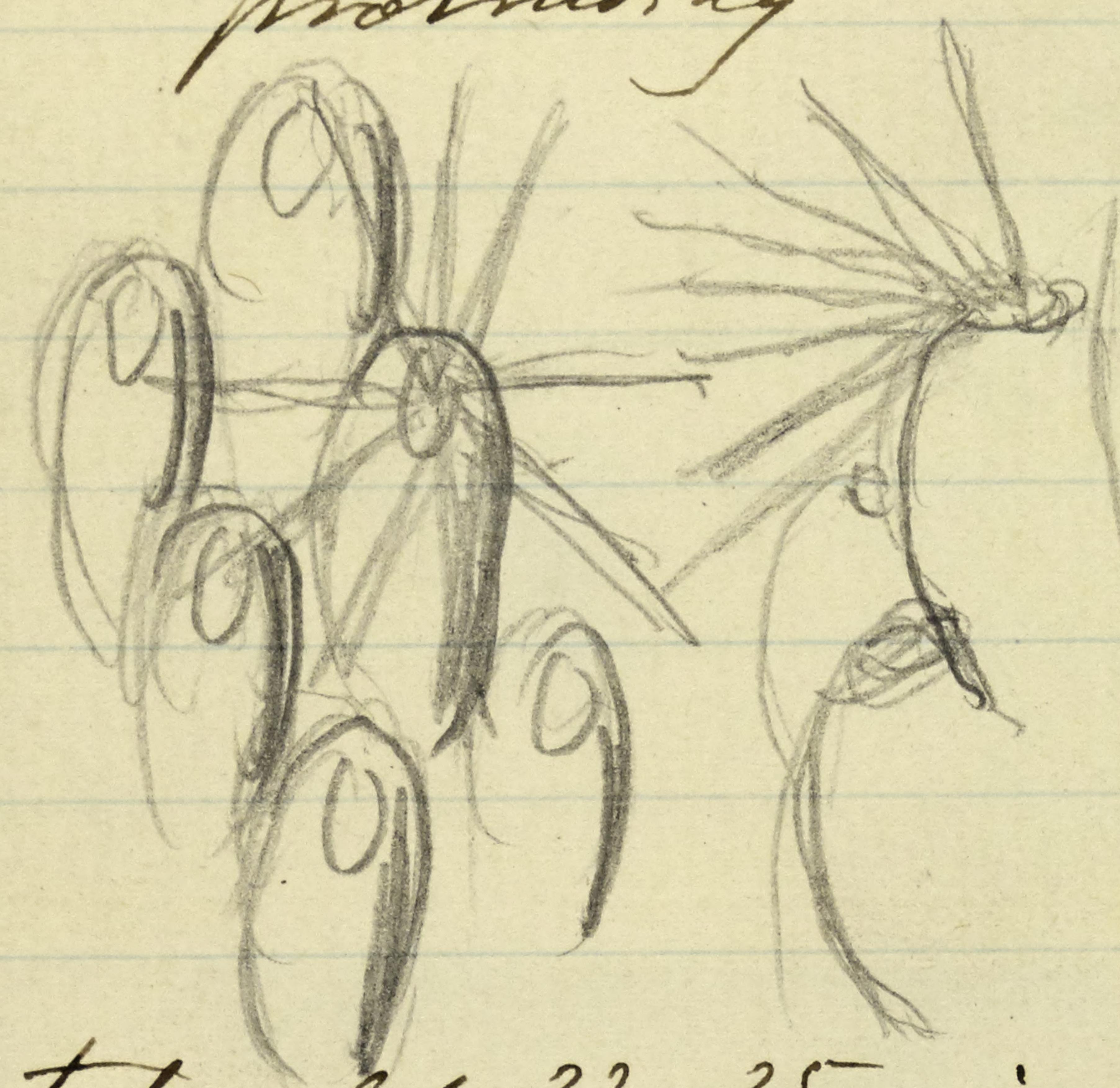
Feb 1868

*Opuntia mamill*

Coll Palau 91  
(private number 105)

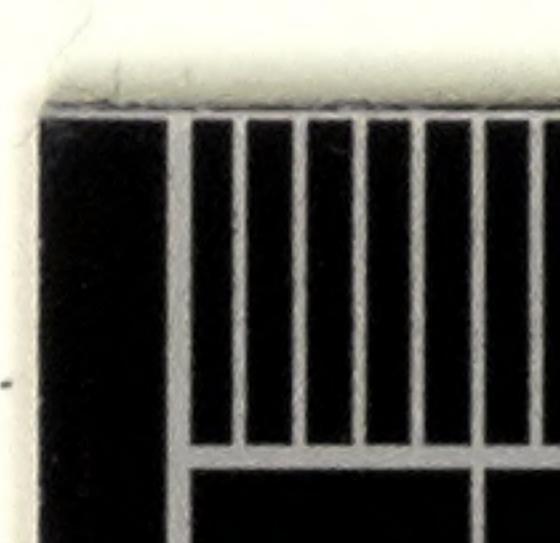
Only a few branches 3-4 inches long  $1\frac{1}{4}$  -  $1\frac{1}{2}$  inch  
diameter

plant wide spreading 5-6 feet high, Tucson  
Aug 10 in fl. & fruit at same time. At  
elevat<sup>on</sup> tuberous 9-10 l. long, 4-5 l. wide strongly  
protruding in  $\frac{3}{8}$  arranged, lowest tuberous  
much smaller and with smaller few  
spines. — Spines 8 or 9 long l.  
long slender, sheathed, areoles large,  
prominent.



fruit about 6 or 7 in. long, greenish  
brown, soft or even pulpy; tuberous  
tab. about 22-25 in  $\frac{7}{11}$   $\frac{6}{10}$  or even  $\frac{8}{13}$  arranged; with  
large areoles light brown woolly, even  
when fully ripe umbilicus deep  
seed much compressed, irregular, regular  
but more regular than No 92, comissure  
about the same - size smaller,  $1\frac{1}{2}$  in. dia  
or even less

flower brown-pink ("magenta colour") 10-11 l.  
diameter; ovary 9 or 10 l. long; with 20-25 pro-  
minent white large areoles; leaves on it about 1 l.  
long, and 8-10 broader, upright sepals - as many  
spatulate petals - 5-6 rose-coloured stigmas spreading



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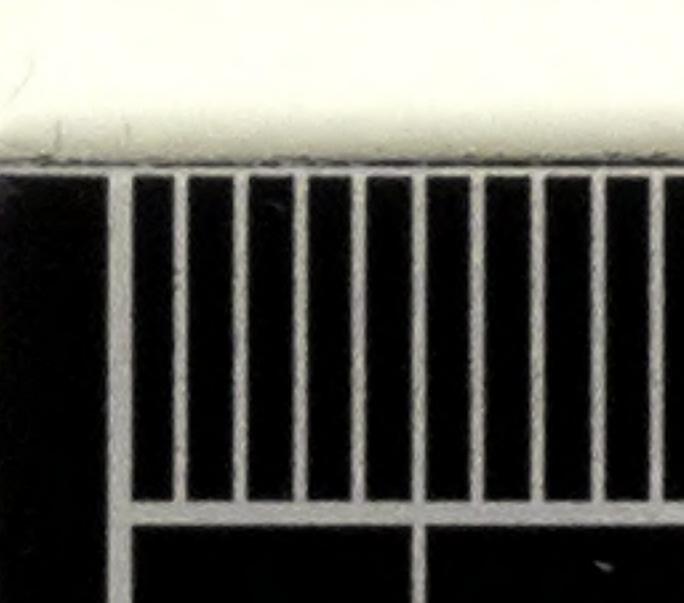


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O. Mammillaria Schlecht.  
by Schlecht  
with concrec  
(only on long  
anode  
red irregular  
small



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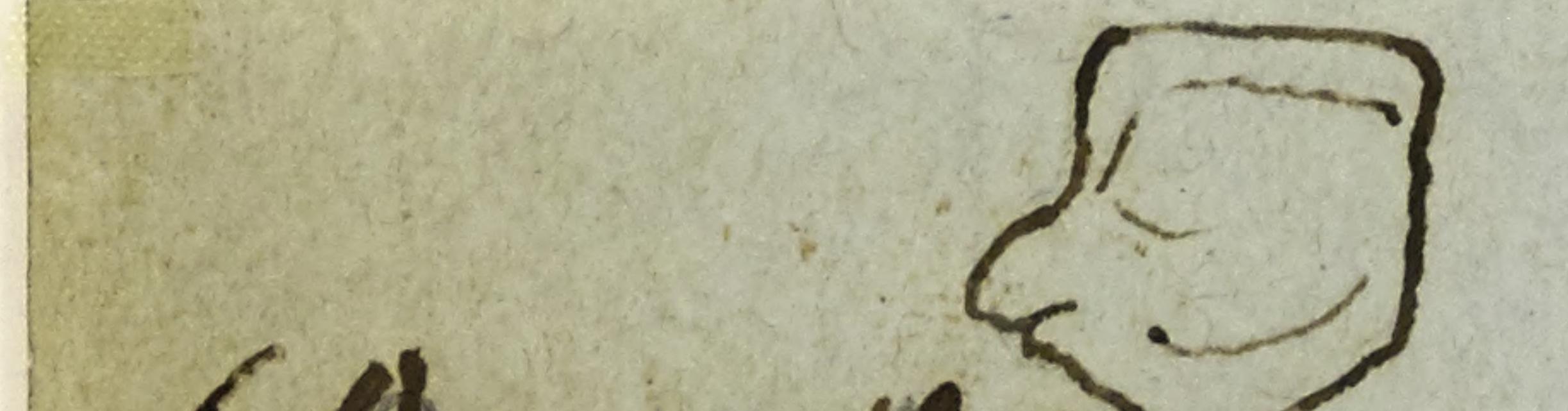
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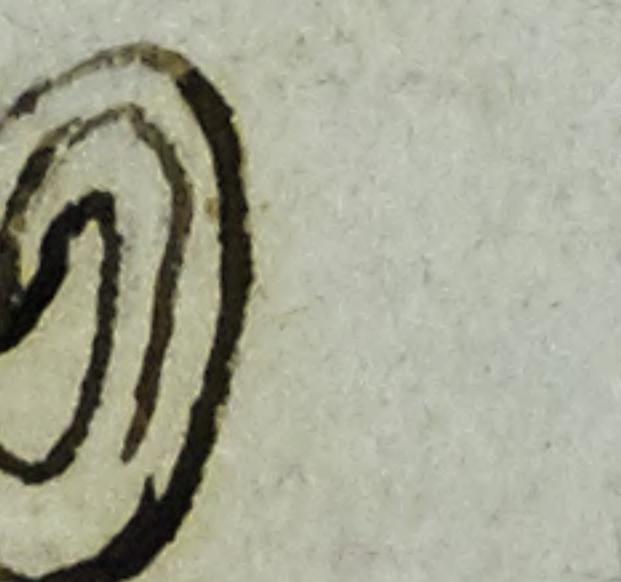
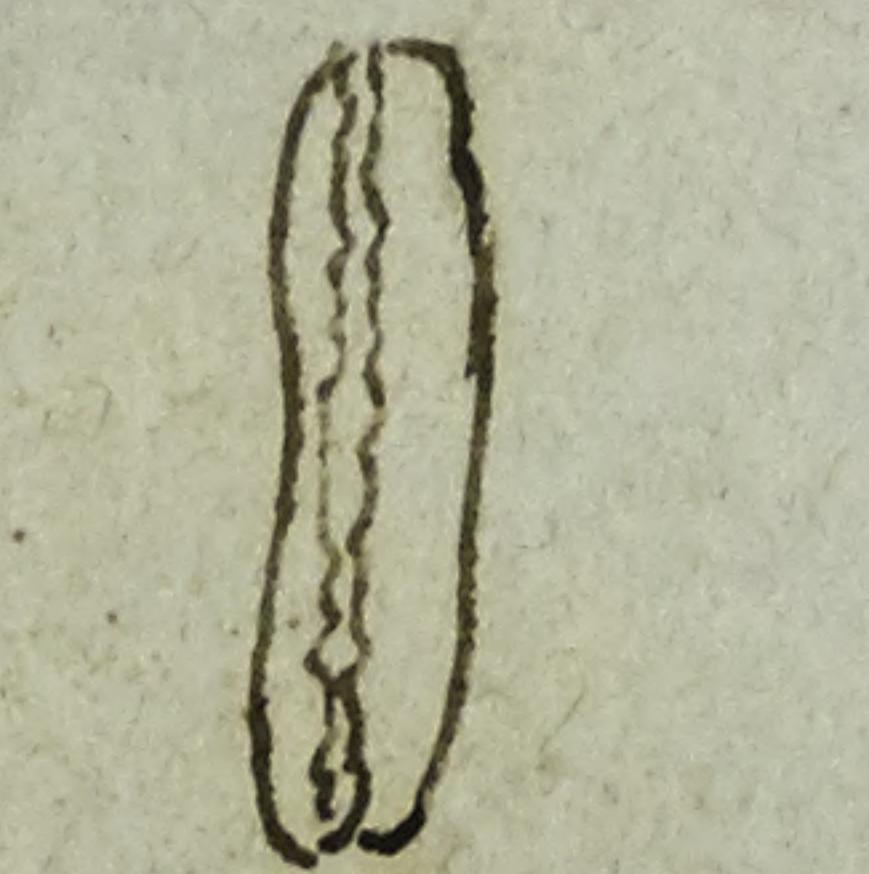


6 *O. mamillata*

Sonora

A. Schott

No 6



18-20 are visible on fruit

Seed irregular small angular,  
more or less globular and then about  
1.3 - 1.4 in both dimensions; or high  
and then only 0.8 - 1.0 broad and 1.5 - 1.6  
high; 0.4 as thick. Commissum 0.1  
wide, — Embryo 0.8 - 0.9 in. dark  
slightly oblique in 2 seeds examined.

Seed had embryos developed but  
unorthodox. Did not seem quite  
ripe



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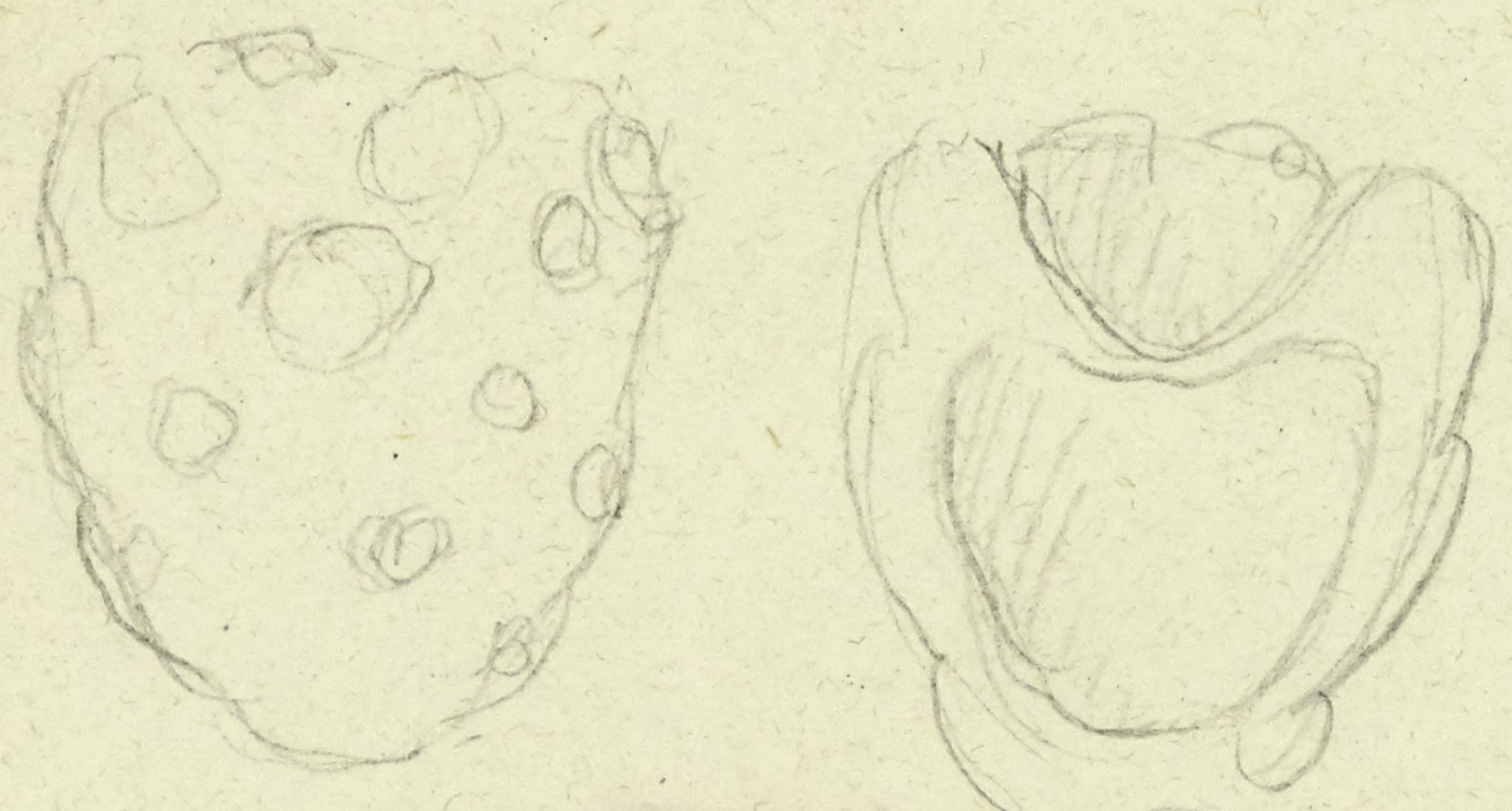


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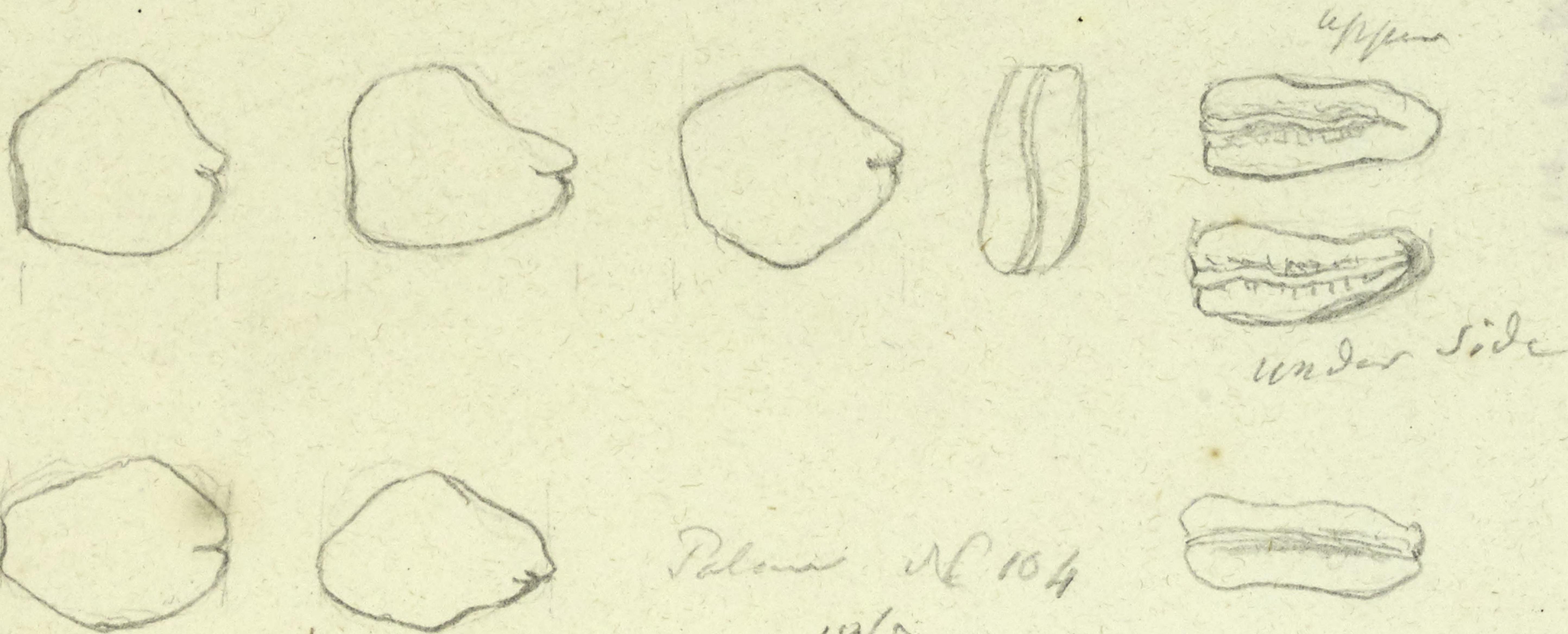
*O. mammillata* ?

March 26 1876

Arizona Palau 1867 No. 105

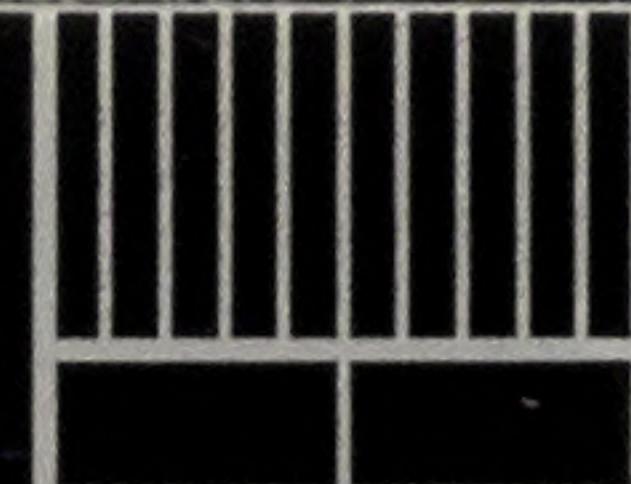


about 20 aeciae, some very large  
flasky fruit.



Palau No 104

1867



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Alex. Leitch,  
APOTHECARY & CHEMIST,  
Cor. 4<sup>th</sup> & Olive Sts., St. Louis.

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Arizona

Feb 1868

, *Opuntia mammata*


Coll. Palmer 92 (private  
number 100)

"fuzzy cactus", blooms at night, bright pink; petals reflexed;  
fruit green pulpy, ripens after flowering" (not like fruit  
together as in other species) fl. May 15-20

Camp Grant, Southern Arizona

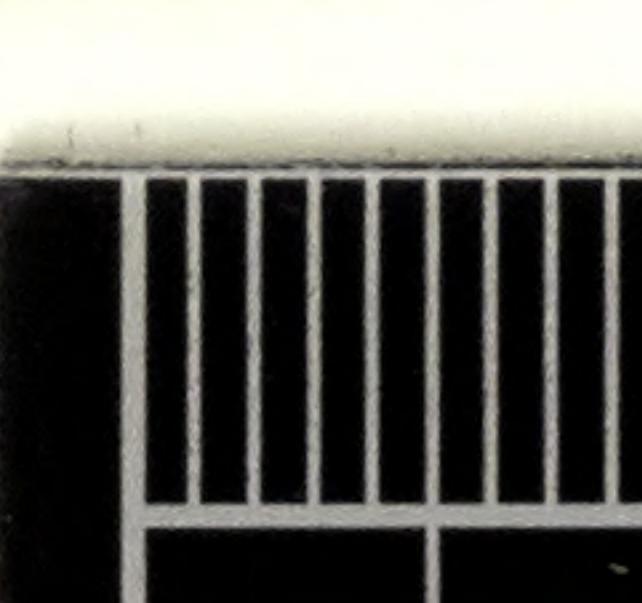
Stem before me almost 3 inches diam (without spines).

Internodes about 1 inch long or longer,  $\frac{1}{4}$  inch wide, moderately  
prominent, in 9/15 arranged, 1 pair stout branches  
from top of this, with 8/13 arranged  
4 to 6 inches long  $1\frac{1}{2}$  thick  
tubercles  $\frac{3}{4}$  inch long and about  $\frac{1}{2}$  inch  
thick. Spines 12-16 on main stem,  
2-3 inches long, straight, sharp,  
on the branches 6-10 spines  
areolar somewhat  
immersed



Berry dry dark green  
with brownish,  $1\frac{1}{2}$  -  $1\frac{1}{2}$   
inches long 1 inch or more in  
diameter - obovate; with rather  
small with semi-pearl or slightly  
gummed sheep wool covering, about  
7 long wide 20 or 28 light brown  
woolly areolar - spines only in  
abortive fruits - fr. off. <sup>with</sup> ~~prolif.~~ <sup>being</sup> sterile  
Seeds  $1\frac{1}{4}$  - 2 lines long, very regularly  
angled and off centered, with a linear, sharp  
commissure, usually immersed between the protruding  
halves of the seed.

Flower small; ovary  $\frac{1}{2}$  inch long; fl. apparently  
of some width, 7-8 very short transverse, sharply  
cuspidate, greenish sepals; 7 or 8 spatulate petals or  
reflexed petals, <sup>pinkish</sup>  $3\frac{1}{2}$  by  $\frac{1}{2}$  to  $\frac{3}{4}$  inch, yellow, <sup>short</sup> ~~extreme~~ red; anthers  
5 rounded and stigmatic capitate conining



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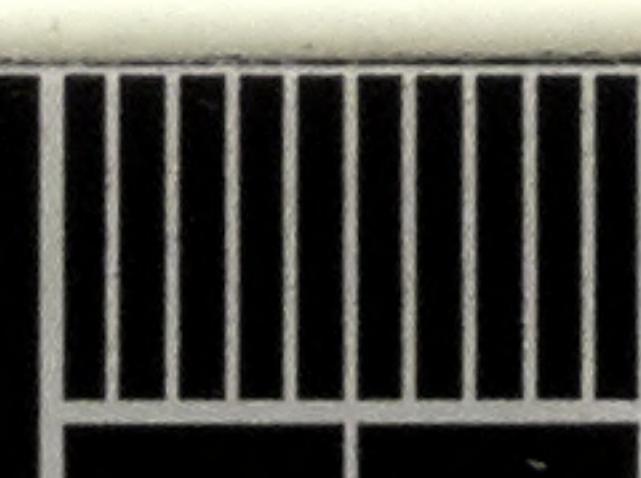
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*Opuntia mammillata*  
Mesa south of Tucson Sept 1880

March 29 1881

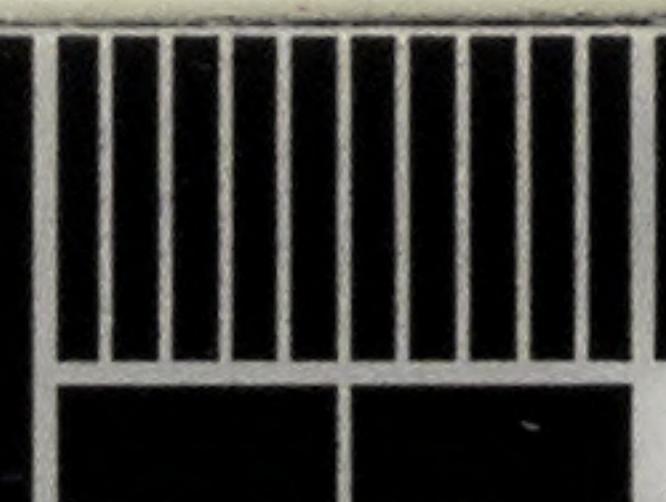


$\times 4$



seeds small  $3 \times 3\frac{1}{2}$  mm long  $1\frac{1}{2}$  thick  
about 18 areoles  
- 20 - all ~~smooth~~ very rough, sometimes beaded  
with a narrow but very flat commissum

seeds smaller and with narrower  
commissum, than *O. fuliginosa*, otherwise similar



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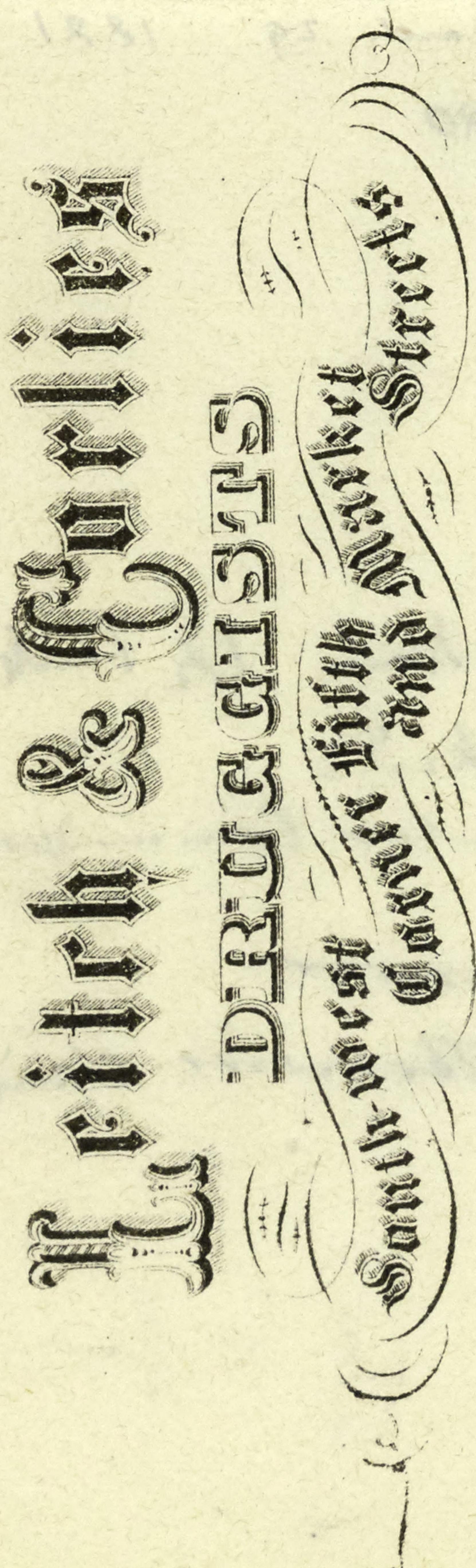
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